BINDING

FOR

RESERENTE

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No.

Z

I PLACE OF DEATH

county Hayford 12135	CERTIFICATE OF DEATH
VMago or City alessell (No	Registration Dist. No.  St.; Ward)  [If death secured in a inspired or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  WUEMUR 24, 1922  (Month) (Day) (Year)
March 28, 1848  (Month) (Day) (Year)	September 6 , 1022, to Nov 22 , 10122, that I last saw him alive on Nov. 22 4 , 10122,
7 4 yrs. 8 mos. 4 ds. OR min.?	and that death occurred on the date stated above, at 1341 m.  The CAUSE OF DEATH * was as follows:
occupation (a) Tradu, prefusion, ar particular kind of work  (b) Soveral natura of industry busiasss, or establishment in which employed (ar employer)	(Boration) yrs. 4 mos. 60.
BIRTHPLACE (Blate or country) Germ any	Contributory Secondary (Bursties)
10 NAME OF PATHER august Budof.  11 BIRTHPLACE OF FATHER (State or country) Glomany  12 MAIDEN NAME (State or country)	(Signed) O Murothy a Callagan
13 BIRTHPLACE OF MOTHER Gelia Forling  13 BIRTHPLACE OF MOTHER (State or country)  Letter arry	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piece is the of deeth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informent)	Where was disease contracted, If not at place of death ?  Former or usual residence
16 Nov 28 1922 blologues	Date of Burial ON REMOVAL  Date of Burial  Oalway Cently Nov 28, 1917 2  OUNDERTAKER  ADDRESS
Tf meso blanks are needed, address State Baristrar.	Steward 1 ( Mclana Abungdon

[Approved by U. S. Census and American Public Health Association.]

e yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line write None business, that fact may be indicated thus: Former (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer." etc., of the second statement. mobile factory. is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. Housemaid, etc. the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, Statement of Occupation-Precise statement of occupaout mine, etc. many occupations a single word or term on the (a) Salesman, (b) (rocery, (a) Foremon, Compasitor, Architect, Locomative engineer, very important, so that the relative healthfulvarious pursuits can be known. The question The material worked on may form part If the occupation has been changed Women at home, who are engaged in the occupations of persons Never return "Laborer," without more

unqualified. is indefinite); Tuberculosis of lungs, menin-CAUSING DEATH (the primary affection with respect to spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted (the only definite synonym is "Epidemic cerebrofor the same disease. Examples: pneumonia, (never report "Typhoid Bronchopneumonia ("Pneumonia, pneumonia" Cerebrospinal

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mus, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthonia, Example: Measles (disease eausing death), 29 de.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Wheeping "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia rent) affection need not be stated unless important. to determine definitely. Examples: Accidental drowning; MEANS OF INJURY and qualify as or miscarriage as "Puerperal septichumia," "Old Age," Always qualify all diseases resulting from childrailway (secondary), 10 ds. "Shock," "Uraemia," "Weakness, train-accident; Revolver etc. by carbolic acid-probably State cause Never "Exhaustion, report mere ACCIDENTAL, for mound

ence. All the data is essential and must be obtained before the captificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

STATE OF MARYLAND PLACE OF DEATH ERTIFICATE OF DEATH Registration Dist. No. / ..... Ward) (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number,) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH IS DATE OF DEATH 3 SEX 4 COLOR OR RACELS SINGLE, MARRIED, WIDOWED OR DIVORCED (Month) (Dav) (Write the word) HEREBY CERTIFY, That I attended the deceased (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work ...... leline (b) General nature of industry Vilescal business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 0 10 NAME OF FATHER (Signed) RENTS 11 BIRTHPLACE rmation ite OAUSE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether (State of country) Accidental, Suicidal or Homicidal. 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate lents, or Recent Residents) ō At place of death .... yrs. .... mos. .... ds. In the OF MOTHER 0 State, .....yrs. ..... mos. .... (State or country should of of Where was disease contracted, if not at place of death? Every item CIANS shot statement Former or usual residence... PLACE OF BURIAL OR REMOVAL Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation laborer, Farm laborer, Laborer-Coal mine, etc. Womwhatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemald, etc. If the occupation has been changed gaged in domestic service for wages, as Screant. Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be cutered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the er," etc., Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolica engineer, the first line will be sufficient. e. g., Farmer or Planter. tion applies to each and every person, irrespective of eupation is very important, so that the relative health, if Statement of Occupation-Precise statement of oc-For many occupations a single word or without more precise specification as duties of the The material Crocery; term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(troup"); Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of headas probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as Poisoned by curbalic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or momicidal, or State cause for which surgical operation was under-"Puerperal scoticaemia." "Puerperal peritonitis," ean be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock." "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia vulsions." stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of....... (name origin: "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; of "contributory." FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Meastes Always qualify all -homicide; (disease (mercly (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Yell the data is essential and must be obtained before the carrificate is permanently filed.

MARGIN RESERVED FOR

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Harfard	74-0 Registration Dist. No./84
Village or City Mooks (No	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  (Day)  (Year)  18 DATE OF DEATH  (Month)  (Day)  (Year)  19 DATE OF DEATH  (Year)  10 DATE OF DEATH  (Year)  (Year)  10 DATE OF DEATH  (Year)  (Year)  10 DATE OF DEATH  (Year)  (
If LESS than   dayhrs.   day	The CAUSE OF DEATH & was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 HIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Charles M.D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER MAN DONOGUE  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place in the of death yrs mos da. State, yrs mos da.
(Informant) MS Ella Walts	Where was disease contracted, if not at place of death?
(Address) Bolain Ind	19 Prace of Burial OR REMOVAL. DATE OF BURIAL  Solution Comments DEC /of 1922  20 UNDERTAKER ADDRESS
Filed Anti 30. 1922 Annes Syme nedel Registrar  If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S., No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never-returu "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-, without more precise specification as Day

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and cousetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage can be ascertained as the cause. Always qualify all "Uracmia," "Weakness." etc., when a definite disease rhage," "luanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Hacmorsymptomatic). "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name orlgin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by curbolic acid—probably suicide. The navulsions." Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debllity" ("Cougenital," "Senile," etc.), Chronic valvular (Recommendations on state-Example: Meastes heart discase; (second-(discase (merely "Соп-

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	WRITE FLAINLE WITH UNFADING INK - Into 13 A FEMINANEN I FEOD N R - Fvery Item of Information should be cerefully supplied. AGE should be stated EXACTLY PHY	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	
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PLACE County Harf	old 1	2138	202)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8	000000 <b>0</b>
	Station Hospital, Al	Campbell,	ng, Ground, M	St.; Ward)  [If death occurr a hospital or institution in the street and number of street and	ution, stead
PERSO	NAL AND STATISTICAL PAR	RTICULARS	M	EDICAL CERTIFICATE OF DEATH	
3 sex.	4 COLOR OR RACE   6 SINGLE   MARRIE   WIDOWE   OR DIVO		16 DATE OF DEA	Nevember 16th ,/	9122 Year)
July 13th (Day) , 1.1886.			one see we		91
OCCUPATION (a) Trade, protes particular kind of (b) General nature.	ssien, er Laborer.	if LESS than 1 day,brs. ORmin.?	The CAUSE O	n occurred on the date stated above, at A. T. F DEATH * was as follows: Lly Killed, by Shell Explosion	
business, or est which employed (	ablishment in or employer)		Contributo	ry	
Ohie,  Oh		(Signal) FRED Capte Nev-16th	K H. SPARRENBERGER  In, Med. Corps, USA,  1822. (Address Aberdeen Preving Ge  18 DISMASS CADEING DHATM, or, in deaths from VIOLE  (1) Means of INJURY; and (2) whether Accident	M. L. Lui AL,	
13 BIRTHE OF MO (State	Unknewn.  IS TAUE TO THE DEST OF MY K.  FRED K H. SPARRENBER	GER	OR RECENT RE At place of desthyrs. Where was disease of	in the masds. Stats,yrsmes	HENT
16 Hon	Captain, Medical Cor Aberdeen Proving Gr		IN PLACE OF BU	Sill Cemeter Nov. 20	Rus

W more blanks are needed, address State Registrar, 16 W. Saratogy St., Balto., Requesting V. S. No. 1.

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write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer mobile factory. The material worked on may form part of the second statement. mill; (a) Salesmon, (b) Groccry; (a) Foreman, (b) Autoonly when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, urespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Wonien at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, very important, so that the relative healthful-Architect, Locomolive engineer, As examples: (a) Spinner, (b) Cotton If retired from Civil

unqualified. is indefinite); Tuberculosis of lungs, mental spinal meningitis"); Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid pneumonia" time and causation), CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cerebro Statement of Cause of Beath-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal pneumonia, Bronchopneumonia using always the same accepted ("Pneumonia

DEC

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvulor heart disease; Chronic interstitia "Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, ma" (merely symptomatie), "Atrophy," "Col"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-State cause for which Never report mere

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Village or City If death occurred in St: Ward) a hospital or institution, give its NAME Instead of street and number. EXACT RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE 18 DATE OF DEATH May MARRIED. PERMANENT WIDOWED hould be sta be properly certificate. OR DIVORCED (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE may If LESS than and that death occurred on the date stated above, a CK 1 day, hrs. U OR min. ? that -8 OCCUPATION (a) Trade, profession, or Suppli particular kind of work. W (h) General nature of industry terms, structi business, or establishment lo UNFADING which employed (or employer) carefully 9 BIRTHPLACE Contributory (State or country) e in Secondary See Burntian) 10 NAME OF FATHER ould ATH PARENTS 11 BIRTHPLACE (State of country) E A A \*State the DIRFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIOAL OF HOMICIPAL. Every Item of Information should state CAUSE OF DI OCCUPATION Is very Imp 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OR RECENT RESIDENTS At piece OF MOTHER In the (State or country) of death ..... yrs. ..... Where was diseass contracted. 14 THE ABOVE IS THUE TOTHE If not al place of desth? usual residence ACE OF 15 8 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer. Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness, that fact may he indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSINO DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, For many occupations a single word or term on the write None Housemaid, etc. Statement of Occupation-Precise statement of occupa--Coal mine, etc. (a) Salesman, (b) Grocery; (a) Foreman, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," If the occupation has been changed Women at home, who are engaged in Locomotive engineer, (b) Auto-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ........... Ward) (If death occurred in a hospital or institution, give its NAME in-stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACELS SINGLE, MARRIED. Momeel OR DIVORCED (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) and that death occurred on the data stated above, at 7 AGE If LESS than I day .... hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work. plai mportant. (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE Secondary (State or country) (Duration) ..... yrs. ... ... mos. .... 10 NAME OF FATHER RENTS 11 HIRTHPLACE (Address) state OAUSE CCUPATION \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether (State or country Accidental, Suicidal or Homicidal, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place of death .... yrs. .... mos, .....da. In the OF MOTHER 0 (State or country) of Where was disease contracted. if not at place of death?..... Every item CIANS short Former or usual residence. If more blanks are needed, address State Registrar, 16 W. Sapatoga St., Balto., Vequesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in demestic service for wages, as Screant, Cook, to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter fulness of various parsuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or without more precise specification as As examples: (a) The material But in many term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar Typhoid fever (never report "Typhoid puenumia"): fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pispneumonia, Bronchopncumonia ("Pneumonia,

> and qualify as accidental, suicidal, or homicidal, or quences (c. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consediseases resulting from childbirth or miscarriage as Nomenclature of the American Medical Association.) ment of cause of death approved by Committee train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely State cause "Puereeral septicaemia.""Puereeral peritonitis," can be ascertained as the cause. Always qualify rhage," "Inanition." "Marasmus," "Old Age," "Shock." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or stated unless important. use of "Tumor" for malignant ueoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoña, etc., of ........ (name origin; "Capeer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide, "Uraemia," "Weaknes!" etc., when a definite disease "Dropsy," "Exhausticn." "Heart failure," "Haemor vulsions," eausing death), 29 ds.; Bronchopncumonia Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need Whooping cough; FOR VIOLENT DEATHS State MILANS OF INJURY "eontributory." "Debility" ("Congonital," "Scnile," etc.), for which surgical operation was under-Chronic valvular (Recommendations on state-Example: Mcastes "Anaemia" Struck by railway heart "Coma," The na-Measles; terminal discase; (disease (second-(merely 110t De

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond If this certificate is looked over thoroughly and all ques

the vertificate is permanently filed.



MARGIN RESERVED FOR BINDING

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	Harfard, 19641	CERTIFICATE OF DEATH
C	county W GD M, 121 21	14-00
		Registration Dist. No.
Vill	age or City Marford teonity to	me on Belstin Ward) (If death occurred in
		a hospital or institu- tion, give its NAME in-
	2 FULL NAME level levou	All stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PERMI
		MEDICAL CERTIFICATE OF DEATH
8 8	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, OF Jane 1	Tan 3"
M	WIDOWEIN KOWES	(Month) (Day) (Year)
6 1)	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from
0 17		1925, to 1211 8 , 1922
	Centerioure 1848	that I last saw h Lin alive on Cel. , 1927
7 AC	(Month) (Day) (Year)	and that death occurred on the date stated above, at
	If LESS than	The CAUSE OF DEATH % was as follows:
0	alt 74 yrs. mos. ds or min, ?	
8 0	CCUPATION	abalys to left arm y less
(a	articular kind of work. Lalar	N. M.
	) General nature of industry	15
w	usiness, or establishment in hich employed or (employer)	(Duration) yrs mes de.
	IRTHPLACE 6	Contributory Secondary
	(State or country) Marieland,	A (Duration) yrs mos da
	10 NAME OF ATTHER	(Signed) Chas Recleard M.D.
	- herry Cerowley	Za 2 H
-S	11 BIRTHPLACE OF FATHER	1711 192.4. (Address). 192.4. (Address)
E I	_ (State or country) Veland,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suleidal or Homicidal.
AR	12 MAIDEN NAME OF MOTHER / O	
۵	mary Borew	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	18 BIRTHPLACE OF MOTHER	At place In the of death yrs. mos. da, State, yrs. mos. da,
14 TO	(State or country) Claud  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
** **	Mall have sest of My KNOWLEDGE	if not at place of death?
	(Informant) May Mary Wreschiles,	usual residence.
	Marie des hase med	19 PLACE OF BURIAL OR REMOVAL
15	(Adoress)	mt. Erenteundery nov. 3 19
	10 10 3 1922 801 21 Lieux 10	20 DEDERTAKER ADDRESS
-	Prog Registrar	M.P. War to Soul Hille mis
	If more blanks are needed address State Posicine	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	de l'entre de l'entre de l'entre l'egistrat.	The in Baratoga oft., Datto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestie service for wages, as Scrvant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housewhatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school or At Rome. Care should be taken household only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the worked on may form part of the second statement should be used only when needed. cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various parsuits can be known. The ques-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At who are engaged in the duties of the Home, and children, not gainfully em-As examples: (a) But in many The material therefore an

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

SECEINE

quences diseases resulting from childbirth or misearriage as Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "PUERPERAL seplicacmia," "PUERPERAL poritonitis," etc. ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senfle," etc.), conditions, such as "Asthenia." Examples: Accidental drowning; taken. For violent deaths state means of injury State cause "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure." "Haemorary), 10 ds. stated unlers important. Example: Measles (disease inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 de.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant meoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or Whooping cough; Chronic valvulus heart of "contributory." (c. g., scpsis, tetanus) may be stated under the for which surgical operation was under-Nover report mere symptoms or terminal intercurrent) affection need (Recommendations on state-"Anaemia" Struck by railway The na-MCUSICS; (merely discase; (seconduot be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is assential and must be obtained before the certificate is permanently filed.

PHYSI-

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ...... Ward) (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. MARRIED WIDOWED (Month) (Day) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from ......192..., to ..... that I last saw h alive on 192..... 192..... (Day (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. ..........yrs.......mos.......ds.or.....min, ? 8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry business, or establishment in (Duration) .....yrs....mos..... which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER Ono 13 1927 (Address) ... 100 ENTS 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. OF FATHER (State or country) PARI 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death .... yrs ..... mos ..... da. (State or country) Where was disease contracted. if not at place of death?..... Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Taborer," "Foreman," "Manager," "Dealworked ou may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman; (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer; Stationary freemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer, or Planter, tiou applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as -Coal mine, etc. Wom-

Lobar spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebrotever, write None.

Latement of Cause of Death—Name, first, the distancement of Cause of Death—Name, first, the distancement of Cause of Death—Name, first, the distancement of Cause of Death—Name, first, the distance distance distance and causation), using always the same accept-term for the same disease. Examples: Corebrospinal ser (the only definite synonym is "Epidemic cerebromal meningitis"); Diphtheria (avoid use of "Croup"); phoid fever (never report "Typhoid pneumonia"); Diphtheria (avoid pneumonia"); Diphtheria (a Statement of Cause of Death-Name, first, the pis-

head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or homicidal, or "PUERPERAL septicaemic." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Auaemia" ary). 10 ds. causing death), 29 ds.; Bronchopneumonia inges, peritonarum, etc., Carcinoma. Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; State cause for which surgical operation was undervulsions." stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; Nomenclature of the American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart (Recommendations on state-Struck by railway "Coma," "Con-(discase discase; (second-(merely

tions answered in detail, it will prevent further correspond-If this certificate is locked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed

Every Item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECOND S -THIS NX UNFADING WITH

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FOR

1 PLACE OF DEATH

	For hord	CERTIFICATE OF DEATH
Cour	12 70	Registration Dist. No. / 8/
Villa	ge or City(No,	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 BINGLE, MARRIED, Sungh WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DA	TE OF BIRTH  How 15 1977  (Month) (Day) (Year)	that I last saw harmalive on Born and 191
7 AG		and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH * was as follows:
par O (b O bus wh	CCUPATION ) Trade, prefession, er ficular kind of work ) General nature of industry siness, or establishment in ich employed (or employer)  RTHPLACE (State or country)	(Ourstion) yrs. mos. de.  Contributory Secondary  (Burstion) yrs. mos. de.
PARENTS	10 NAME OF Marshall of Diell  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME 7/1	(Signed)  1. 1812-2 (Address)  State the Pierase C'USINO DEATH, or, in deaths from VIOLENT CAUSES, SEATE (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) Al placs in the st deeth wis mos de State, yes mes de. Where was disease contracted.
	(Informant) Warhall R Deehl	If not at place of deeth ?  Former or seual residence
15 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  MOV 15, 191  20 UNDERTAKER  ADDRESS
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CTATE OF MADVI AND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile, factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the frit line will be sufficient, e. g., Farmer or Plunter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the Compositor, Architect, Locomotwe engineer, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

DEC

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," shopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. sough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations "Old Age," "Shock," "Uraemia," "Weakness, The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," carbolic acid-probably State cause for which "Atrophy," "Exhaustion, report mere to punom ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 PLACE OF DEATH STATE OF MARYLAND EXACTLY. PHYSICIANS sified. Exact statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred to .....Ward) a hospital or institution. give its NAME instead of street and number. I RECORD properly classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED wid 30 PERMANENT OR DIVORCED (Day) of certificate. HEREBY CERTIFY. That I attended deceased from pe 8 DATE OF BIRTH pino 21 be (Month) (Day) (Year) 7 AGE If LESS than may and that death occurred on the date stated above. ш back 1 day, hrs. O DEATH \* was as follows: OR min. ? W + 50 OCCUPATION
(a) Trade, profession, or so that 00 supplie Suo particular hind of work. (b) General nature of Industry terms, instructi business, or establishment in (Duration) carefully which employed (or employer Contributory Secondary 9 BIRTHPLACE (State or country) lein See 10 NAME OF (Signed 0 mportant I PARENTS 30 11 BIRTHPLACE OF FATHER (State or country) 4 110 \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT Lil CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, PLAINLY 20 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 of informs OR RECENT RESIDENTS 13 BIRTHPLACE le the At piece OF MOTHER WRITE 10 (State or country) of death Stale. VIA. Where was diseese contracted. 14 THE ABOVE IS TRUE TO If not el place of death? state Every Item of should state Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIA (Address) 15 39 UNDERTAKER 00 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter. Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, engaged in domestic service for wages, as Scrvant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--Coal mine, etc. many occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in therefore an additional line If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of spinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: and causation), (the only definite synonym is "Epidemie cerebroparamonia. Branchopneumonia using always the same accepted d pneumonia"); bungs, menin-Cerebrospinal

> ges, peritonacum, etc., Corcinoma, Sarcoma, etc., of cough; Chronic (name origin; "Cancer" is less definite; avoid use of "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Ilcart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), lapse," "Coma," etc., when a definite disease can be ascertained as the surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal scptichaemia," SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which head-homicide; Poisoned by carbolic acid-probably on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Always qualify all diseases resulting from childby railwoy train-accident; Revolver wound of The nature of the injury, as fracture of skull, for a lignant neoplasms); Measles; Whooping (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercurcurates heart disease; Chronic intersectal "Dropsy," "Exhaustion," Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All-the-data is essential and must be obtained before

the certificate is permanently filed.

1 F	PLACE OF DEATH			STATE OF	MARYLAND
County	Harford	_ 12(45		CERTIFICATE	OF DEATH
County			(101-0)	Registration	Dist. No. /8
Village o	or City Kocks	(No		St;	) (If death occurred in a hospital or institu-
	2 FULL NAME Mark	ha fane #	azlett	•	tion, give its NAME in- stead of street and number.)
PE	RSONAL AND STATISTICA	L PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX Fem	mobit	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEA	Soveme (Month)	(Day) , 1922 (Day) (Year)
6 DATE	OF BIRTH		· (ref 3/	192 L. to G	ttended the decensed from
	Mar	25 1844	that I last saw h	C-1	3 7 , 192 2
7 AGE	(Month)	(Day) (Year)	and that death occ	urred on the date stat	ed above, at Jm
	78 7	dayhrs.	The CAUSE OF DE	ATH & was as follows	olia.
8 OCCUP	ATION	ds.lormin. ?	Jack	rapas	
(a) Tra	de, profession or How	skeeping	***************************************	4 .	
(b) Ger	neral nature of industry	Home		(Duration)	yrs3. de
9 BIRTH		- A. //	Contributory Secondary		
(Sta	nte or country) Harford	les Ma	alon	Le Keal Des.	yrs. 6mos de
	SAME OF SAMES TO	Has lett	(Signed)	alles artiga	M.D.
2 0	BIRTHPLACE OF FATHER (State or country)	aulionia	actate the	2.2 (Address) O.7 Disease Causing Deat	h for in doothe from
C 12 N	IAIDEN NAME	11 Ct	the second secon	THE RESERVE OF THE PERSON NAMED IN	jury; and (2) whether
0	allen !	Delle Tale	18 LENGTH OF E		pitals, Institutions, Trans-
13 3	BIRTHPLACE DE MOTHER (State or country) Harfu	rd les Md	Ar place death yrs. Where was disease cor		ne ite,yrs mos da
14 THE	ABOVE IS TRUE TO THE DEST	OF MY KNOWLEDGE	if not at place of death		
(Info	ormant) Alra Nora To	Loughles &	usual residence		1
	(Address) Rocks	ld	19 PLACE OF BUI	Manufacal la	Nov-3 - 29
Filed	nna 1922 1 A	Philleto Deh	20 UNDERTAKER		ADDRESS
riled	192	Rogistrar	64 Kur	12 V&002	farrettsville
	// It man blanks are made	d address State Destates	10 TY Named CA	Salta Bannatina	r or No 1 A. II

### REVISED . UNITED CERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer. Farm taborer, Laborerer," etc.. without more precise specification as Day ployed, as At schoot or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mitl; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various pursnits can be known. Statement of Occupation-Precise statement of oe For many occupations a single word or term on -Coal mine, etc. Won-The ques-

spinal meningitis"); Diphtheria (avoid use of "('roup"); ed term for the same disease. Examples: Cercbrospina to time and eausation), using always the same accept EASE CAUSING DEATH (the primary affection with respe Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid pneumonia") fever (the only definite synonym is "Epidemie cerebro Statement of Cause of Death-Name, first, the bis-("Pneumonia,

> quences (e.g., sepsis, tetunus) may be stated under the ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and eonse-Poisoned by cartolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis." etc. diseases resulting from childbirth or misearriage can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" Nomenelature of the American Medical Association.) "Dropsy." vulsions." ary), Wids. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonarum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discuse; -accident: Revolver wound of head-homicide; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Exhaustion." "Heart failure." "Haemor-"Debility" ("Congenital," "Senile," etc.), Never report more symptoms or terminal (Recommendatious on state-Carcinoma, Sarcoma, etc., of Example: Measles (disease The na-(second-Measles; (merely

the confinente is permanently filed. this certificate is looked over thoroughly and all ques-tions inswered in detail, it will prevent further correspondall the data is essential and must be obtained before

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PHYSICIANS

### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. St .: .....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MPED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended acceased from 6 DATE OF BIRTH 1886 (Year) (Month) (Day) If LESS than 7 AGE 1 day hrs. OR ..... min. ? 6 OCCUPATION (2) Trade, profession, or none particular kind of work. (b) General nature of Industry. business, or establishment In (Duration) which employed (or employer) ..... Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER Holter , 1922. (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was diseasa contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence

Joppa Md

1982 6la

OF BURIAL OR REMOVAL DATE OF BURIAL

In the

(Month)

20 UNDERTAKER

ADDRESS

State yrs. \_\_\_\_ mcs. ...

Ilf death occurred in

a hospital or Institution,

give its NAME instead of street and number. ]

(Day)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." The contributory Alvays qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion," Never report Examples FOF VIO-

If this certificate is looked over thoroughly and all qnetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED ZIO

Z.B.

1 PLACE OF DEATH	STATE OF MARYLAND			
County Harlord 12141	CERTIFICATE OF DEATH			
	Registration Dist. No. 1844			
and arlington on -	1 If death consumed in			
Village or City (No. ,	St; Ward) a hospital or institution, give its MAME instead			
2 FULL NAME Confant dolg	enfritz of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male White (Write the word)	16 DATE OF DEATH ST. (Month) (Day) (Year)			
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from			
VALE OF BIRTH	Stell mm, 191, to 11:00 f. 191			
(Month) (Day) (Year)	that I last saw h alive on stell for 191 ,			
T AGE If LESS than 1 day,	and that death occurred on the date stated above, at m.			
yrsds. OR min.?	The CAUSE OF DEATH * was as follows:			
© OCCUPATION (a) Trade, profession, or	Princetone Truth			
particular kind of work	Jacob Little State			
(b) General nature of industry business, or establishment in	(Ouration) yra, mos, da.			
which employed (or employer)	Contributory			
(State or country)	Secondary			
10 NAME OF PATHER PARTY SELF	(Signed) W.G. Galleon yre. mos. ds.			
11 BIRTHPLACE	Mor 14, 1815 2 (Address). Darling long a			
12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Distant Causing Death, or, in death from Violent Causes, state (1) Means of Injury: and (2) whether Accidental. Suicidal of Homicidal.			
a Cara Agentria	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
13 BIRTHPLACE OF MOTHER (State or country) Stephone Open Phd.	At place in the ef death yrs			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?			
(lotormant) May gare Elgenfrels	Former or would residence			
(Address) Darfington Inde	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
16 Million of My Million	30 UNDERTAKER ADDRESS			
Filed July 191 191 191 191 191 191 191 191 191 19	Has Bouler Darlington			
if more blanks are monded. ardress State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

Association.

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never mobile factory. mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in Locomative engineer, return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nonqualified, is indefinite); Tuberculosis of lungs, menina.

SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, ges, peritonaeum, etc., Carrinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as eause. genital," "Senile," etc.), chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whosping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway train-accident; Revolver wound (secondary), 10 ds. Nevcr report mere The contributory (secondary or intercurby corbolic acid-probably "PUERPERAL septichaemia," "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions at weigh in detail, it will prevent further correspondence All the data is essential and must be obtained before the certificate is possized by filed.



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ...... Ward) (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) AND STATISTICAL PARTICU PERSONAL 16 DATE OF DEATH 2 SEX WIDOWED OR DIVORCED (Month) (Write the word) I HEREBY CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at I. D.C. m. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: l day .... hrs. re....ds. or ... min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work ..... plal (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) (Duration) .....yre, ..... mos... RENTS 11 BIRTHPLACE OAUSI OF FATHER state OAUS \*State the Disease Causing Death, or, in deaths from (State or country Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 18 BIRTHPLACE At place of death ... yrs. mos. ... da. OF MOTHER In the 0 pin State, .....yrs......mos.... (State or country) of Where was disease contracted. if not at place of death?..... Every item CIANS short Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL. If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltod Requesting V. S. No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

state occupation at beginning of illness. If retired from tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been chauged gaged in domestie service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also to report specifically the occupations of persons worked on may form part of the second statement eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various parsuits can be known. cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oe For many occupations a single word or without more precise specification as As examples: (a) But in many The material The ques-(4) term on Day

Statement of Cause of Death—Name, first, the mises causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobroganal fever (the only definite synonym is "Epidemic carebroganal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain—accident; Revolver wound of head—honicide; Poisoned by carbotic acid—probably suicide. The naas probably such, if impossible to determine definitely rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," causing death). 29 ds.; Brouchopneumonia ary), 10 ds. Never report more symptoms or Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Examples: Accidental drowning; and qualify as-accidented; suicidal, or monicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Tuerperal peritonitis," diseases resulting from childbirth or miscarringe as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.." ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor couditions, such as "Asthenia," stated unless important. use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcomu, etc., of ........ (name.origin; "Cancer" is less definite; avoid vulsions," (secondary or intercurrent) affection aneed not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Schile," etc.) Chronic valvular heart (Recommendations on state-Example: Measles (disease "Апасшія" Struck by railway "Coma," "Con-(merely discase; terminal (second-

If this certificate is le ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TET L NON

BINDING

MARGIN RESERVED FOR

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Harbord 12049	CERTIFICATE OF DEATH
County	Registration Dist. No.
Harrie of Street	Nogistration Dist. No. my
Village or City Havrede Gace (No.	St; Ward) (If death occurred in a hospital or institu-
09	tion, give its NAME in- stead of street and
<sup>2</sup> FULL NAME Carriel C.	Realley number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED LIGGLE	16 DATE OF DEATH
// WIDOWED /	, 1822_
male alute (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Jan 1922 to 2007 23 1922
July 19-1906	that I last saw ham alive on Nov 22 1922
(Month) (Day) (Year)	
7 AGE	and that death occurred on the date stated above, at
/6 // 3   1 dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION / Society of the second of the	
(a) Trade, profession or	Millionary Subucubosa
particular kind of work	*
business, or establishment in	(Duration) vis mes de
which employed or (employer)	Contributory
(State or country)	Secondary
10 NAME OF A A A A	yrsmosds.
FATHER CO. I. To Steer	(Signed) M.D.
11 BIRTHPLACE	Nor 25 192 2 (Address) Have de Sea
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME (	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
a hela B. Durlin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs. mos. da, State,yrsmos. da.
(State or country) Maryland	
14 THE ABOVE IS TRUE TO THE BEST OF AN KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. To. B. Keatley	Førmer or usual residence
(Address) Havede Gracema	19 PLACE OF BURIAL OR REMOVAL   TAFE OF BURIAL
Address) find the Court of action in	Qualfilleun nov. 26,1922.
Filed/lov. 25 102 2 F. M. Stering	20 UNDERTAKER ADDRESS
Registrar	AR Stolland
If more blanks are needed, address State Registrar.	18 W Sanatage St Pales Dequarting V St No. 1
Togistiat.	The transfer of a parity of the transfer of th

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, er," etc., without more precise specification as Day whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At Rome. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the laborev. Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various parsuits can be known. The ques-Civil engineer, Stationary fromen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) For many occupations a single word or Automobile factory. As examples: (a) duties of the The material But in many therefore an

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, State cause "PUERPERAL Seplicaemic," "PUERPERAL peritonitie," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing stated unless important. use of "Tunner" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menvulsions," Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary Whooping cough; Chronic valvular heart discase; ...... (name origin; "Cancer" is less definite; avoid of "contributory." FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), or intercurrent) affection need for which surgical operation was under-(R commendations on state-Example: Measles "Anaemia" Struck by railway (disease (merely (second-"Conele.

If this cerificate is locked over thoroughly and all questions. An ite data is essential and must be obtained before the vertificate is betweently fled.

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

wl	St.; Ward (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
LARS	MEDICAL CERTIFICATE OF DEATH
Dile ord)	(Month) (Das), 1922 (Month) (Das) (Year)
, 1922 (Year)	that I last saw halive on, 192 and that death occurred on the data stated above, at, m
If LESS than I dayhrs.	The CAUSE OF DEATH ** was as follows:
	(Duration)yrsmosds,
	(Signed) Of As Co Officer M. D. Color of St. 920
	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
200	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	At place of death yrs. mos. da. In the State, yrs. mos. da.
WLEDGE	Where was disease contracted, if not at place of death?
2	Former or usual residence

20 CMDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons euployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. V Never return "Laborer," "Forcman," "Manager." "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healtheases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-The material 11.0m-

whatever, write

Statement of Cause of Death

EASE CAUSING DEATH (the primary affection with
to time and causation), using always the same accept
ed term for the same disease. Examples: Corchrospinal

Amer (the only definite synonym is "Epidemic cerebro"

Artis"); Diphtheria (avoid use of "Croup");

Typhoid pneumonia");

head of "contributory." (Recommendations on statetrain-necident; Revolver wound of head-homicide; diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. eausing death), 29 ds.; Bronchopneumonia inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-"PUKRPERAL seglicaemic," "PUERPERAL peritonitis," etc. "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy." "Exhausticn," "Heart failure." "Haemorvulsions." stated unless important. use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, sticidal, or homicidal, or State cause for which surgical operation was under-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or Chronic valvular Example: Meastes heart disease; terminal (disease (merely (second-

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0E0 18 1924

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING WITH UNFADING INK-THIS IS FOR RESERVED ZO PLAINE WRITE

No.

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-	1 PLACE OF DEATH	STATE OF MARYLAND
Cour	ity Harford 12 36-2	CERTIFICATE OF DEATH
	40	Registration Dist. No. 186
Villa	go or City aberdees (No.	St.;Ward) [If death occurred to a hospital or institution,
	2 FULL NAME Mary C. Meel	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 27, 1977 (Month) (Day) (Year)
6 04	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	m, //	1977, to 1600 127, 197
	Marcle (Month) (Day) (Year)	that I last saw her alive on New 26, 1977
7 AG	The second secon	and that death occurred on the date stated above, at / 4 m.
	41 yrs. 8 mos. 6s. or min.?	The CAUSE OF DEATH * was as follows:
8 0	Trade, prefession, or A+ A	apreess of house,
pa	dicular kind of work of notice	(Probably tribuyleiler)
× (b	) General nature of industry Mness, or establishment in	
wh	ich employed (er employer)	(Buratton)mosde.
9 B	RTHPLACE (State or country) Highlands 71.	Contributory Secondary  (Burallen) 716 Pee. de.
	10 NAME OF James Concamon	(Signed) Thomas yes
TS	11 BIRTHPLAGE OF FATHER	Hove 1 181 . (Address) Clerymon als
PARENTS	12 MAIDEN NAME	*State the Disease Causino Deate, or, is deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
PA	OF MOTHER Mary alem	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) reland	At place in the ef deathyremesde. State,yremesds.
14 TI	HE ABOVE S THE TO THE BEST OF MY KNOWLEDGE	Where was discose contracted, If not all place of death?
	(leformant) John Meelean	Former or usual residence
	(ABONSS) aberdeen Ind	19 PLACE OF BURIAL OR REMOTAL DATE OF BURIAL
15 Fil		29 UNDERTAKED ADDRESS
	A REGISTRAN	very varing & sous userally /1/s
- 5	If more blanks are needed, address State Registrar.	16 W. Baratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus. Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serrent, Cook taken to report specifically the occupations of persons employed, as At school or At home Care should be wife. Housework, or At Home, and children, not gamfully who receive a definite sulary), may be entered as Housethe duties of the household only (not paid I make pers precise specification as Day laborer, Fare telement debarer of the second statement Never rounn "Laborer." mill; (a) Salesman, (b) Grocery: (a) Foreman. "Foreman," "Manager." "Desler." mobile factory. only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. business or industry, and therefore an additional line engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are objected in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, impositor, Architect, Locomotive engineer, Civil Stationary fireman, etc. But in many cases, The material worked on may form part 411.9 with our more The question (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar "marked finite of lange, meningitisms, and the statements of lange, meningitisms.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by state means of injury and qualify as surgical operation was undertaken. For violent Deates "Heart failure," "Haemorrhage," "Inanition." "Murasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the genital," Struck to determine definitely. RUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsious," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wisoping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichuemia," by railway train-accident; Revolver "Senile," etc.), "Dropsy," (secondary), The contributory (secondary or intercur-Examples: Accidental drowning; etc. 10 ds. carbolic acid-probably State cause for which Never (Recommendations "Exhaustion," ACCIDENTAL, report mere wound of

the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is pernumently filed.

DEC 8 1833

STATE OF MARYLAND PHYSI. PLACE OF DEATH CERTIFICATE OF DEATH properly classified. Registration Dist. No. Ward) (If death occurred in a hospital or institu-tion, give its NAME instend of street and number,) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 13 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. MARLIED. on back WIDOWED (Day) (Year) (Month) shou!d it may OR DIVORCED (Write the word) EBY CERTIFY, That I attended the deceased from 8 DATE OF BIRTH that instructions (Month) (Day) (Year) and that death occurred on the date stated above, at 5..3. 80 7 AGE If LESS than INK---THIS The CAUSE OF DEATH & was as follows: I day .... hrs. terms mos.....ds. or ... min. ? See OCCUPATION (a) Trade, profession or n plain particular kind of work. important. (b) General nature of industry ADING .vrs. ....mos. business, or establishment in 1 which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) . /. yre. . . . . . . mos. . . EA very NAME OF C FATHER 0 11 BIRTHPLACE HOLL State the Disease Causing Death, or, in deaths from OF FATHER US EN Violent Causes, state (1) Means of Injury; and (2) whether (State or country Accidental, Suicidal or Homicidal. VO 2 12 MAIDEN NAME OCCUPA 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER 0. state ents, or Recent Residents) 13 BIRTHPLACE At place of death OF MOTHER State,.....grs.....mos.....da. (State or country) pinous Where was disease contracted, of if not at place of death? KNOWLEDGE 14 THE ABOVE statement Former or usual residence. (0) TATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL EVery ADDRESS If more blanks are needed. address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

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MARGIN

(Approved by U. S. Ceusus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborerworked on may form part of the second statement. (a) Eoreman, (b) Automobile factory. should be used only when needed. Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a) The material The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Uphhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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conditions, such as "Asthenla," ment of cause of death approved by Committee on head of "contributory." quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 100 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomeuclature of the American Medical Association.) as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis." use of "Tumor", for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbol's acid-probably suicide. The navulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (R commendations on state-"Anaemia" Measles; (secoud-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

PLACE OF DEATH

County	lariord	1.		31)	Registrati	ion Dist. No.
	Edgewood Arse			St.;	rd) (If death occurs the hospital or tion, give its NA stead of stre number.)	
	AL AND STATISTI				DICAL CERTIFICAT	TE OF DEATH
3 SEX male  4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED Single OR DIVORCED (Write the word)			November 5th 1922 (Month) (Day)  17 i HEREBY CERTIFY, That I attended the dece			
Unknown (Month) (Day) (Year)			October 30 1922 192 to Nov 9 1922	9th 1922		
7 AGE 8 OCCUPATION (a) Trade, profuparticular kind		unknown <sub>ds</sub>	If LESS than I dayhrs.	The CAUSE OF Tuberculos	DEATH A was as followed as some pulmonary, on the lung, with the lung.	hronic, affect h small cavit
business, or es	d or (employer)	S Army tria Hunga	ry		Pulmonary homo recurrent, due	rrhage, acute to above.
10 NAME OF Joseph Pachy			(Signed)			
U BIRTHPLACE OF FATHER (State or country) Austria-Hungary.  MAIDEN NAME OF MOTHER Unknown			*State the Disease Causing Death, or, in Ceatis Violent Causes, state (1) Means of Injury; and (2) was Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institution in the Center of Residents)		maryland oth, or, in deaths Injury; and (2) wh	
	HER or country)			At place of death . O. yrs.  Where was disease if not at place of death		of the State. O. yrs. O. mos
	ary records.	7. Sauce			3 Adams St So f	
`	Henry F. Major, Medica			19 PLACE OF I	ta lander	/ NOV 10
Filed Nov	Edgewood Ars	Coloron Socol	Registrar	20 UNDERTAK		ADDRESS

19153

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street unil

Rumber.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
November 9th 1922 , 192 (Year)
i HEREBY CERTIFY, That I attended the deceased from
October 30 1922 192 to Nov 9 1922 192
that I last saw h im alive on Nov 9th 1922 , 192 and that death occurred on the date stated above, at
and that death occurred on the date stated above, at
The CAUSE OF DEATH & was as follows: Tuberculosis, pulmonary, chronic, affecting all lobes, left lung, with small cavity, lower lobe, left lung.
•
t this station (Duration) 0 yrs. 0 mos. 21 ds
Contributory Pulmonary hemorrhage, acute,
Secondary recurrent, due to above.
(Duration) vrs mos. de
(Signed) Henry F. Sawtelle, M.D.
Major Medical Corne II.S.A
Major Medical Corps, U.S.A.  *State the Disease Causing Dorth, of Jif deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
At place of death o vrs. o mos 21 ds. State. O yrs. O mos 21 ds.

TATE OF BURIAL

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing beath, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc. without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement additional line is provided for the latter statement; it nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces Civil engineer, Stationary foremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The material

spinal meningitis"); Diphlheria (avoid use of "Croup"); Lobar pneumonia, Typhoid forcer (never report "Typhoid pneumonia"): ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept. Statement of Cause of Death-Name, first, the pis (the only definite synonym is "Epidemic ecrebro-Bronchopneumonia ("Pneumouia,"

> quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." rhage," "Inanition" "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The matrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal perilonitis," diseases resulting from childbirth or miscarriage as cau be ascertained as the cause. Always qualify all "Uraemia," "Weaknes ." ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Meastes; ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be of cause of death approved by Committee on FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-Example: Measics "Апастіа" (secondterminal (disease (nuerely etc.

tions answered in detail, it will prevent further correspond If this certificate is looked over thoroughly and all ques ill the data is essential and must be obtained before

is permanently filed.



PHYSI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. ...... Ward) (If death occurred in a hospital or institu-tion, give its NAME instend of street and number.) stated proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, Married 16 DATE OF DEATH eq 3 SEX be × WIDOWED should it may on bac OR DIVORCED (Month) (Day) Write the word) That I attended the deceased from 6 DATE OF BIRTH that instructions (Day (Year) 80 and that death occurred on the date stated above, at 7 AGE If LESS than terms day.....hrs 8 OCCUPATION (a) Trade, profession or refully particular kind of work G mportant. ā (b) General nature of industry business, or establishment in 2 which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) < ery [3] O 10 NAME OF no FATHER 15 Ü (Address) tel gg 11 BIRTHPLACE RENT OI. OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country 41 12 MAIDEN NAME O 4 OF MOTHER SP state 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinfor lents, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In the of O of death yrs. mos. ... da. (State or country) State, ..... yrs. .... rnos. .... da. should Where was disease contracted, II THE ABOVE IS if not at place of death? statement Every it usual residence OR REMOVAL TE OF BURIAL 20 UNDERTAKER ADDRESS Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Cousus and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Screant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womwhatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeeper's who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Plantor, cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pissease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences Examples: Accidental drowning; Poisoned by carbolic acid—probably suicide. train—accident; Revolver wound of head—homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL scpticacmia," "PUERPERAL pcritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions," conditions, ary), 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid Chronic interstitiul nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or Whooping cough; Chronic valvulur heart of the injury, as fracture of skull, and conse-For (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Schile," etc.), such as "Asthenia," VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or intercurrent) affection need not be (Recommendations on state-Example: Mcastes "Anaemia" Struck by railreay Meastes; terminal discase; (merely (discase (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

and the first of t

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 44 Registration Dist. N ...... Ward) (If dentil occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICA MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 2 SEX SINGLE, MARRIED, WIDOWED U may OR DIVORCED (Write the word) BINDING 17 HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work plai RESERV (b) General nature of industry business, or establishment in .....(Durstion) ....yrs..... which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) MARGIN 10 NAME OF FATHER (Signed) ENTS te OAUSE II BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether (State or country 2 Accidental, Suicidal or Homicidal, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) stat 13 BIRTHPLACE At place of death .... yrs. ....mos. .... da. In the OF MOTHER State, ..... yrs. .... mos. (State or country) 0 of Where was disease contracted, if not at place of death?..... Former or usual residence. If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltod

Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, en at home, who are engaged in the additional line is provided for the latter statement; if tion applies to each and every person, irrespective of whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Mauager," "Dealworked on may form part of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. eupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. Statement of Occupation-Precise statement of oc elc., 6 yrs.). For persons who have For many occupations a single word or or At Home, without more precise specification as (a) the kind of work and also (b) the and children, not gainfully em-As examples: (a) second statement. OTT duties of the But in many The ques term on

Statement of Cause of Death—Name, first, the myEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accept
ed term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumonia");
Lodar pneumonia, Bronchopneumonia ("Pneumonia")

use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemie." "PUERPERAL peritonitis," etc diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. Plic contributory Nomenclature of the American Medical Association.) ment of cause of death approved by ture of the injury, as fracture of skull, and conse as probably such, if impossible to determine definitely State cause for which surgical operation was under can be ascertained as the cause. vulsions." Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; "Uracmia," "Weaknes ." etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; of "contributory." -accident: Revolver wound of head-homicide; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.); Never report mere symptoms or Chronic valvular heart (Recommendations on state Example: Meusles "Апасшіа" failure." "Haemor-Struck by railway Always qualify "Coma, Committee on terminal (disease discuse; Mchsles: (second-(merely not be "Con-

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	TLY PHYSICIANS	Exact statement of	
	E should be stated EXAC	nay be properly classified	k of certificate
	o carefully supplied. AC	plain terms, so that it n	See instructions on bac
	B. Every Item or information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact cratement of	OCCUPATION is very important. See instructions on back of certificate
0		~	

Z

	1 PLACE OF DEATH	STATE OF MARYLAND	
Cour		CERTIFICATE OF DEATH Registration Dist. No. / 5/	
Villa	ege or City Station Hospital, Abgrdeen Previ	ng Ground Vd. St.; Ward)  [If death eccurred in a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	4 COLOR OR RACE 6 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH November 3rd , 19122	
6 DA	(Month) (Day) , 1 (Year)	17 I HEREBY CERTIFY, That I attended deceased from , 191, 19, 191	
7 AG	If LESS than 1 day, brs. OR min.?	and that death occurred on the date stated above, at	
bus whi	Company   Comp	Contributory Secondary	
S	10 NAME OF FATHER Unknown.	(Signed) FRED'K H. SPARRENBERGER  Nov. 3rd/2391 (Address) Aberdeen Proving Gr	
Z (State or country) Unknown.  12 MAIDEN NAME		Nov. 3rd/221 (Address) Aberdeen Proving Gr  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal or Homicidals.	
	Unknown.  13 BIRTHPLACE OF MOTHER (State or country) Unknown.  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) FRED K H. SPARRENBERGER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs. mes. de. Stete, yrs. mcs. de Where was disease sontracted, it not at place of death?  Former or useral residence	
18 File		Washington D. C. Mov. 6, 1822.  20 UNDERTAKEN	
	M more blanks are needed, address State Registrar, 1:	W. Baratogo Bt., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the nisease causing neath, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Inborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question very important, so that the relative healthful-(b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver suicinal, or homicinal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bron-"Ansemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "Puenperal sephichaemia," The nature of the injury, as fracture of skull nia''' (merely symptomatic), "Atrophy," "Col"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," carbolic acid-probably State cause for which Never report mere "Exhaustion," ACCIDENTAL, wound of important. ("Con-

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PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
12633	Registration Dist. No. 180
Village or City Uberdeen (No	St; Ward) (If death occurred in a hospital or institu-
2 FULL NAME GENJAMIN FC	Reliardson tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Markies Markies  Male White OR DIVORCED (Write the word)	(Month) (Day) , 192 7 (Year)
December 20 , 186/	that I last saw h Malive on 19, 1927,
7 AGE  If LESS than I dayhrs.    dayhrs.   da.  ormin. ?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work.	Conbresses
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration)
16 NAME OF James & Richardson	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Courtney	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
OF MOTHER (State or country) Maryland	At place In the of death yrsmosda. State,yrsmosda.
(Informant) Mrs. Blanche M. Richardso	if not at place of death?
(Address) aberdien Md.	Sheartin Genetice noo. 22
Filed Nov. 22 192 2 Mutul Registrar	20 UNDERTAKER  ADDRESS
	16 W. Saratoga St., Baltof Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISTASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc.. worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealsary to know (a) the kind of work and also (b) the Housemeid, etc. If the occupation has been changed to report specifically the occupations of persons culaborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stalionary fremen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persous who have uo occupation iu many

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (ueyer report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symitoms or terminal conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopneumonia Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (c. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia.""Pumperal peritonitis," diseases resulting from childbirth or misearriage can be ascertained at the cause. Always qualify all "Uracmia," "Weaknes" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," stated unless important. Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoglasms); inges, peritonucum, etc., Carcinonia, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular of "contributory." FOR VIOLENT DUNITIES STATE MEANS OF INJURY "Debility" ("Congonital," "Sonile," etc.), (Recommendations on state-Example: Measles (disease Reart discuse; Meusics; (second-

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BINDING

FOR

RESERVED

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8. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
county Forfords Md 12058	CERTIFICATE OF DEATH
	Registration Dist. No.
2 PULL NAME not named, (Sh	[If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word	18 DATE OF DEATH  Not 2, 1922  (Month) (Day) (Year)
6 DATE OF BIRTH	700 2 1912 to Nov 2 1922
(Month) (Day) 1922	that I last saw him aline office books, 19122
TAGE At 10 15 LESS than	and that death occurred on the date stated above, at !! Am.
Mell o eu., 1 day, ars. or min.?	The CAUSE OF DEATH * was as follows,
6 OCCUPATION (8) Trade, profession, or particular, blad of white	
(b) General nature of Indostry	
bosiness, or establishment in which employed (or employer)	openhanous maches for
* BIRTHPLACE (State or country) Have believe med	Contributory Vaccase Vins of literal
10 NAME OF Ralph Engues	(Signed) truest of ortand . M. e.
S II	nov 3, 1912 2 (Address Liberty From high
Z OF FATHER (State or country) Rucing Dun Mil	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal or Homicidal.
of MOTHER Ester Sarah Fadd	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Stand, Miner.	OR RECENT RESIDENTS) At place in the of death yrsmosds State,yrs. mos ds.
(Informant) Trust Hen Taud	Where was disease contracted. If not at piace of death?  Former or
(Address) Liberty From Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 2 0 72 00-	nor 2 , 19, 22.
Filed NOV- 7, 19122 To M. Slevies REGISTRAR	Havr de Grace Hospital Harrie Grace
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, prespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part If retired from (b) Autoof age.

requalified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); causing death (the primary affection with respect to Tuphoid Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebrofor the same disease. Examples: and causation), parumonia. frier (never Pronchopneumonia using always the same accepted report "Typhoid ("Pneumonia, pneumonia Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Anaemia" chopneumonia nephritis, etc. "Tumor" for inalignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage as Always qualify all diseases resulting from child-"Coma," ma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Puerperal septichaemia," "Dropsy," "Exhaustion," State cause for which (Recommendations Never report mere "Atrophy," "Colmound ("Con-

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V. S. No. 1.

4

PLACE OF DEATH	STATE OF MARYLAND
county Harford 12059	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Mull of run (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
France while Single MARRIED, WIDOWCO OR DIVERSE O (Write the word)	16 OATE OF DEATH  (Month)  (Day)  (Year)
6 OATE OF BIRTH  May 2. Q  (Month) (Day) (Year)	that I last saw h alive on 2 2 1912
7 AGE (Month) (Day) (Year)  1 (LESS than 1 day,	and that death occurred on the date stated above, at . 3. Pr
(a) Trade, profession, or particular kind of work  (b) General natore of industry business, or establishment in	1) a l = - 3 l = i
which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  State the DIBEASE CAUSING DEATH OF, in deaths from VIOLENT DUCKES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL.  SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) H diff	OR RECENT REGIDENTS) At place In the of death
(Informant) (Informant)	If not at place of death?  Former or  usual residence
(Address) Spran my	ascinion Cin Date of Burial Mov. 7, 107-2
Filed The 1922 A Charles of Recistran	20 UNDERTAKER  Had Daily Darling to 16 W. Sarstoga St., Balto., Reducating V. S. No. 1.
M MOIN CLAUSE MAN BOOLING MARING DISTRICTOR,	md,

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, engineer, Stotionary freman, ctc. But in many first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. tion is mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind-of work and also (b) the nature of the especially in industrial employments, it is necessary to of the second statement. Never return "Foreman," "Manager," "Dealer," etc., w the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Form laborer, Laborer mobile factory. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in many occupations a single word or term on the very important, so that the relative healthfulvarious pursuits can be known. For persons who have no occupation whatever, The material worked on may form part But in many cases, The question without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE

Statement of Cause of Death—Name, first, the DISEASE

CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia."); Lobar prochopneumonia ("Pneumonia.")

Lobar prochopneumonia ("Pneumonia."); Companie of the prochopneumonia ("Pneumonia."); Compani

ges, peritonaeum, etc., Carcinoma, Sorcóma, etc., of genital," cough; Chronu "Tumor" for natignant neoplasms); Mensies. Whooping (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless important. nephritis, etc. chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," ctc., when a dcfinite disease can be ascertained as the surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from child-SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of heod-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) or miscarriage as by railwoy train-accident; Revolver wound "Senile," etc.), The contributory (secondary or intercurin lander hairs disease. Chronic interstitud "Puenperal septiehacmia," "Dropsy," Never report mcre "Exhaustion, ACCIDENTAL,

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD A PERMA IS MITH UNFADING INK---THIS AINLY WRITE N. B.

BINDING

FOR

MARGIN RESERVED

No. 1.

N. S.

PLACE OF DEATH	STATE OF MARYLAND
120160 19660	CERTIFICATE OF DEATH
County / Tay	9
200	Registration Dist. No.
Village or City Jull Green (No.	St.; Ward) (If death occurred in
	a hospital or institu- tion, give its NAME in-
2 FULL NAME SCA	stead of street and number.)
* FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED	(Month) (Day) (Year)
Jewale While (Write the word) duple	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
min 11 622	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH & was as follows:
ds.or min.?	Bull Barne
8 OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmosde,
9 BIRTHPLACE (State or country)	Contributory
and.	
10 NAME OF AD OD O	(Signed) Charles Dofanos M.D.
me Russell blackwigh	01-01-
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or in deaths from
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
MAIDEN NAME OF MOTHER // Oda ho	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country)	At place In the State,yrsmosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
mo B. 100 De	Former or
(Informant) When Society	usual residence
(Address) oreef to and.	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
15	Camory Cem, 400:13, 1022
Filed & how 1922 James Mchable	20 UNDERTAKER ADDRESS
Registrar	Mussell Scarbnaigh Street- Ind.
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PETAL

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemuid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it whatever, write Nonc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. the first line will be sufficient, e. g., Farmer or Planter, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-As examples: (a)

Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"); splnal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptfever (the only definite synonym is "Epidemic ccrebro-Statement of Cause of Death-Name, first, the bis-

of death apa of the American
this certificate is looked over the common and the data is essential and means the certificate is permanently filed. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ary), 10 ds. Never report mere symptoms or terminal quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver round of head-homicide; Examples: Accidental descening; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal, or Homicidal, or "Purperal septicaemia." "Purkperal peritonitis," etc. rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" eausing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease ingrs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-State cause for which surgical operation was under-"Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions." Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Nomenelature of the American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular (Recommendations on stateheart discase; (merely (second-

It this certificate is looked over thoroughly and all quesegred in detail, it will prevent further correspondthe data is essential and must be obtained before

BINDING

MARGIN RESERVED FOR

V. S. No. 1.

PLACE OF DEATH  12161	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
2 FULL NAME Elizabeth Jeh	St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Hate Single, Married, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  (Month) (Day), (Year)	34 15 1921 to WV 10 ,192 24 that last saw h 2 alive on NVV 10 ,1924,
7 AGE  If LESS than I dayhrs.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work  (b) Trade, profession or particular kind of work  (c) Trade, profession or particular kind of work	Hample an
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory's Secondary
10 NAME OF FATHER CINRICIAN	(Signed) (Maration) yrs. mos. da. (Signed) M.D.  MYV (2) (Address) M.D.
OF FATHER  (State or country) Conference  12 MAIDEN NAME  OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Can Known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)  At place of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) James Schoffe	Former or usual residence
(Address) Hurride Grale	19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL  My State of Burial  20 UNDERFARER CUILTING ADDRESS
Filed 1922 Registrar  Registrar  Off more blanks are needed, address State Registrar.	& a Punnightfin / feletine

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (rewhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various pursuits can be known. Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Tneumonia.")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause "Puerpenal septicaemia," "Puerpenal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Mcasles eausing death), 29 ds.; Bronehopneumonia use of "Tumor" for malignant neoplasms); ...... (maine origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Scnile," etc.), Accidental drowning; Struck by railway for which surgical operation was under-Never report mere symptoms or (Recommendations on state-Meastes; (merely terminal (second-(discase discase;

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PLACE OF DEATH EXACTLY. PHYSICIANS sified. Exact statement of ciassified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED. MIDOWED OR OIVORCEO riy properly rtificate. I HEREBY CERTIFY, That I 17 6 DATE OF BIRTH 00 (Year) (Month) (Day) may to 7 AGE If LESS than 52 and that death occurred on the date Ш 1 day, hrs. baok O The CAUSE OF DEATH \* was as fol OR Min. ? OCCUPATION supplied (a) Trade, profession, or particular kind of work (b) Coneral nature of industry bosiness, or establishment in UNFADING which employed (or employer \* BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF WITH 2 FATHER should I RENTS 1912 Z (Address) 11 BIRTHPLACE OF FATHER (State or country) d \*State the DISEASE CAUSING DRATH, CAUSES, state (1) MEANS OF INJURY; as 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. 4 of informati 18 LENGTH OF RESIDENCE (FOR HOSPI VOIT OR RECENT RESIDENTS 13 SIRTHPLACE At slace (State or country) -.....утп. Every Item of In should state CA OCCUPATION Where was disease contracted, If not at place of death? FORMAT OF neual residence 19 PLACE OF BURIAL OR REMOVAL (Address Shiped Fork 10 Z

STATE	OF	MA	RY	LAN	D
CERTIFIC	CAT	EC	F	DEA	TH

(Man

Registration

OF DEATH
Dist. No. 150
[If death occurred to a hospitel or lastitution, give its HAME instead of street and number.]
E OF DEATH
7. , 1982 (b) (Day) (Year)
attended deceased from
stated above, at 7.4-m
lows:
Ectory 1001
2 / m
or, in deaths from Violent ad (2) whether Accidental,
the tate,yrs
DATE OF BURIAL

Union Va Nov 23

ADDRESS

DZIOZIO

ER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton HOLL write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House --Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepera mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to is provided for the latter statement; it should be used engineer, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question applies to each and every person, irrespective Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) Grocery; (a) Foreman, (b) Autovery important, so that the relative healthful-For persons who have no occupation whatever Stationary fireman, etc. But in many cases, The material worked on may form part Locomotive engineer, If retired from Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of tungs, meningular transfer of tungs, meningular transf

genital, "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness" (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . on statement of cause of death approved by Committee SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. lapse," "Coma," "Convu genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Wheoping on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. by railway train-accident; Revolver wound (merely symptomatic), (secondary), 10 ds. The contributory (secondary or intercur-"Convulsions," "Atrophy," "Colcarbolic For VIOLENT DEATHS Never acid-probably report mere important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence—at the data is essential and must be obtained before the certificate is permanently filed.



	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Horford. 12063	CERTIFICATE OF DEATH
	hill to	Registration Dist. No./84
Vill	age or City MUN Green (No,	St; Ward) (If death occurred in
The same of the sa	2 FULL NAME Hunderson & 6	hours a hospital or institu- tion give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3º	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWER WIDOWER OR DIVORCE (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	2 how the hours Seath 192
	Jan 26, 1855	that I last saw him alive on Not 29 , 1922.
7 AC	(Month) (Day) (Year)	and that death occurred on the date stated above, at
	6) yrs. 1 mos. 3 dayhrs.	The CAUSE OF DEATH of was as follows:
(a	OCUPATION ) Trade, profession or	viciono bull,
	articular kind of work	
bi	usiness, or establishment in hich employed or (employer)	(Duration)yrsmos. 2 Le
	RTHPLACE (State or country)	Contributory Secondary
	ruci.	(Duration)yrg/moe da
	10 NAME OF FATHER	(Signed) M.D.
TS	11 BIRTHPLAGE	Non. 3 8. 192.2 (Address) and my
N	OF FATHER (State or country)	*State the Disease Causing Death, or, in the from Violent Causes, state (1) Means of Injury; and (1) whether Accidental Suicides or Homisidal
PAR	12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	18 BIRTHPLACE OF MOTHER	ients, or Recent Residents)
14.70	(State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	Just le The same	if not at place of death?
	(Informant)	19 PLACE OF BURIAL OR REMOVAL.   Name OF RURIAL.
	(Address) Free Inc.	Carota C + realst 13
15 F	iled HOV. 30 1927 James 28 McHall	20 UNIVERTAKER ADDRESS
	Hegistrar	Mutalan Mellar
	f more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs.). For persons who have no occupation ployed, as At school or At home. Care should be taken er," etc., whatever, write Nonc. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a slugle word or term on without more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childhirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway and qualify as accidental, sticidal, of homicidal, of taken. For VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemor vulsious." causing death), 29 ds.; Bronchopneumonia stated nuless important. Example: Measles (disease inges, peritonacum, etc., Carcinomu, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by curbalic acid—probably suicide. The naas probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; (second-(merely "Con-

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5 0 WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

Coun	Men Celeenleen	© CERTIFICATE (	ist. No. 18/
VIIIag	96 or City(No, ————————————————————————————————	St.; Ward)	a hospital or institution give its WAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
me Int	Colored Single MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)	
TAGE    Month   To   1 472		that I last saw her allvoon dead non 20	Non 20, 191
		and that death occurred on the date stated above, at	
par (b)	CUPATION ) Trade, profession, or ticular kind of work ) General nature of industry tiness, or establishment in	(Buration) yrs mos.	
	RTHPLACE (State or country)	Contributory Secondary	
ENTS	10 NAME OF Hobble Webster  11 BIRTHPLACE OF FATHER (State or country)	(Signed)  101-2 (Address)  State the Pinnahr Crusing Death, of Causes, state (1) Means of Injury; and	or, in deaths from VIOLEN (2) whether ACCIDENTAL
PAR	13 BIRTHPLACE OF MOTHER (State or country)	SUJCIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) All place is the state of death yrs. mes	
	(Informant) The BEST OF MY KNOWLEDGE	If not at place of death?  Former or usuel residence	
15	(Address) Charles Md	19 PLACE OF BURIAL OR REMOVAL	Mon 7 , 191
File	od lov 20, 19122 OG Bluchad	20 UNDERTAKER By folker	ADDRESS

STATE OF MARYLAND

[Approved by U. S. Consus and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, fir t line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, ctc. Statement of Occupation-Precise statement of occupamany occupations a single word or Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in At home. Never return Care should be If retired from term on the "Laborer," (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonio, Bronchopneumonia of lungs, menine-unqualified. is indefinite); Tuberculosis of lungs, menine-

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genital," eough; Chronic valualar heart disease; Chronic interstitual ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds., rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), "Dropsy," "Exhau chopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound "Old Age," "Shock," "Uraenia," "Weaknoss, Never report mere acid-probably "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled. WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD V 8. No. L

S o	PLACE OF DEATH	STATE OF MARYLAND	
CIAN	County CHarlord 12165	CERTIFICATE OF DEATH	
0 0		Registration Dist. No.	
PHY st sta	Village or City Bur Rlug (No. ,,	St; Ward) [If death occurred in a hospitel or institution,	
CTLY F Exa	2 FULL NAME annie M. G	distr give its NAME instead of street and number.]	
Ssiffed	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
tated/ cla	SEX 4 COLOR OR RACE 5 SINGLE MARRIED, Single MARRIED, Single OR POWONGED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)	
properly rtificate	6 DATE OF BIRTH	that I last saw hereafty on Hor 7.5 1972 7	
2 -	Dec 1 13, 1910		
40 44	(Month) (Day) (Year)  7 AGE If LESS than	-	
AGE s It may back of	yrs // mos / ds or min.?	The CAUSE OF DEATH * was as follows:	
. # _	OCCUPATION (a) Trade, profession, or Solved Sund	- attar Price in while	
supplied s, so tha	particular kind of work  (b) General nature of industry		
y su	business, or establishment in which employed (or employer)	(Buration) yrs mgs. 8 ds.	
carefully significant ferms	9 BIRTHPLACE (State or country) Md	Contributory E for burn	
9 5	10 NAME OF FATHER CARROLL M. Malitar	(Signed) F. Suvograss M. O.	
ion should F DEATH Important	S II BIRTHPLACE OF FATHER (State or country)	CAUSES, SISTE (1) VESNE OF INJURY: And (2) Whether ACCHONTAL.	
44	C 12 MAIDEN NAME OF MOTHER Annie James	SUICIDAL OF HOME DAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS,	
oformal IS very	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS At place of death yrs mee ds State,yrs moe ds	
ON	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wax disease contracted.  If not at place of death?	
stat	(Informant) Carroll III, James	Fermer or usual residence	
Every Item of should state occupatio	(Address) Govaley Md.	HAMMA Cen Mov. 28, 1882	
の で の 変 の	Flow Mos 27, 191 J. Of Meletice	30 UNDERTAKER ADURESS	
Z	If more blanks are negled, address State Registrar.	16 W. Sarutoga St., Balto., Requesting V. S. No. 1.	

Approved by U. S. Criscis and American Public Health Association.

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid liousekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Deskr of the second statement mobile factory. mill; (a) Salesman, (b) Grocery, (a) Foremun. only when needed. As examples is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotice engineer, Stationary fireman, etc. But applies to each and every person, irrespective of age ness of various write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housebusiness or industry, and therefore an additional line first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material werker on may form part pursuits can be known. The question If the occupation has been changed At home Care should be Never return (a) Spinner, (b) Cotton But in many cases, 7.10 engineer, (unl If retired from without more "laborer." (b) Ando-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to Statement of Cause of Beath-Name, first, the DISEASE (the only definite synonym is "Epidemie cerebroand causation), using always the same accepted for the same disease. prominante Bronchopneumonia 10.60 (never report "Typhoid pneumonia"); Examples: ("Pncumonia, Cerebrospinal

arure of the An certificate is leoked or answered in detail, it will p.
All the data is essential and the certificate is permanently filed. genital," surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial "Turnor" for malignant neoplasms); Measles: Wheeping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as "Puerperal peritonitis," birth or miscarriage as "Prenpenal sophichumia." cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertamed as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inantion." "Maras-"Anaemia" chopricumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds., Bronrent) affection need not be stated unless important. by railway train-accident; Revolver wound "Coma," "Senile," etc.), (merely symptomatic), The contributory (secondary or intercur-"Convulsions," etc. by "Dropsy." "Uracmia," "Weakness," State cause for which carbolic und-probably "Debility" ("Con-Never (Recommendations "Aurophy," "Fahanstion." report mere ACCIDENTAL,

ence. All the dala is essential and must be obtained before tions answered in detail, it will prevent further correspondcertificate is looked over thoroughly and all ques-

MARGIN RESERVED FOR BINDING

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Harford 12000	GERTIFICATE OF DEATH
Ville	age or City Level (No,	Registration Dist. No
	2 FULL NAME MERLY James W.	tion, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Ex 4 color or race 5 strole, Marked Wildowell Olored Owite the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 D.	ATE OF BIRTH  Dan. 11, 1867	that I last saw h
7 AG	(Month) (Day) (Year)  If LESS than I dayhrs.	and that death occurred on the date stated above, at
(a	CCUPATION  Trade, profession or articular kind of work.	Falousen Heart deserre
bı w	b) General nature of industry usiness, or establishment in hich employed or (employer)	(Duration) yrs mes de
9 BI	(State or country)	Secondary
-	10 NAME OF Robert of Turner	(Signed) Ja Hoperius M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Solitha Washington	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State,,yrsmosde
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informent) / MANAGAMAN	usual residence.
15	(Address) Harris W. Adraca	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL
	iled Nov 30 1922 S. G. Junia 1991	20 UNDERTAKER ADDRESS
	a de la company	Mix Bailey Warrington
	d diore ofanks are needed, address State Registrar.	16 W. Saratoga St., Baltd., Requesting V. S. No. 1. Myd

#### REVISED UNITED ERTIFICATE STATES OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Ceal mine, etc. Wom-'cr," etc., Worked on may form part of the second statement whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at leginuing of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school or At Lome. Care should be taken definite salary), may be entered as household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in inclustrial employments, it Civil engineer, Stationary foremen, etc. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. enpation is very important, so that the relative health Statement of Occupation - Precise statement of oc Foreman, (b) Automobile factory. or At For many occupations a single word or without more precise specification as Day Home, and children, not gainfully emwho are engaged in the For persons who have no occupation If the occupation has been changed Housewife, House. duties of the The material But in many is neces-

spinal meningitis"); Diphiheria (avoid use of "Crdup");
Tunhoid fever (never report "Typhoid pneumena") ed term for the same disease. Examples: Cerebro FASE CAUSING DEATH (the primary affection with the Lobar pncumonia, Bronchopncumonia ("Pneumonia, to time and causation), using always the same account Statement of Cause of Death-Name, first, the (the only definite synonym is "Epidemic corelice

> ment of cause of death approved by Committee on head of quences (c. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay and qualify as accidental, suicidal, or Homicidal, or "Puerperal scplicacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as State cause can be ascertained as the cause. rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." : "Hacmor symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weaknes;" etc., when a definite disease vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; Chronic valvulur heart disease; of the injury, as fracture of skull, and conse-FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" ("Congenital," "Scnile," etc.), for which surgical operation was under (R commendations on state-Example: Measles Always qualify all The contributory The na-(merely (second-(disease "Con-

the certificate is permanently filed. is answered in detail, it will prevent further correspondthis certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before